

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 1 2 2019 NEW HAMPSHIRE

I. Name of Lobbyist(s)	Amanda Grady Sexton		MENT OF STATE
II. Name of lobbyist's	partnership, firm or corporation, i	if any:	
New Hampsh	ire Coalition Against Domes	stic & Sexual Violence	
	of partnership, firm or corporation)	-	
PO Box	353 Concord	NH	03302
Business Address: (Stre	ct) (Town/City)	(State)	(Zip Code)
(603) <u>224-8893</u> (Telephone)	() <u></u>	e-mail <u>amanda</u>	a@nhcadsv.org
	ers: (Choose one – file separate re nsactions which are not attributab		ay file a separate report for
☐ All reportable transa	actions occurring in the months prior	to the reporting date relative to t	he following client:
New Hampsh	ire Coalition Against Domes (Full Name of Client as it appears on the	Stic & Sexual Violence Lobbyist Registration Form)	
	ctions by the lobbyist (including the lar client.	lobbyist's family), or the lobbyin	g firm listed below which are
IV. Date of Report Reports cover: activity	April 24, 2019 🖟	July 31, 2019 [] activity from 4/1/19 to 6/30/19	9
a	October 30, 2019 Civity from 7/1/19 to 9/30/19	January 29, 2020 activity from 10/1/19 to 12/3	1/19
	no fees received and no reportal omplete just this form and submit it to		
VI. Check if additional	reports are attached:		
If you have received	I fees or made expenditures, you mu	st file Addendum A– Fees and E	Expenses
☐ If you have paid an Expense Reimbursemen	honorarium or reimbursed expenses,	, you must file Addendum B- Ro	eport of Honorariums or
•	your family has made political cont	ributions, you must file Addend	um C- Political Contributions
	mation by Lobbyist A 15-B, RSA 14-C and RSA 664 and of my knowledge and belief.	d hereby swear or affirm that the	foregoing information is true

LEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Amanda Grady Sexton	
II. Name of lobbyist's partnership, firm or corporation, if any:	
New Hampshire Coalition Against Domestic and Sexu (Name of partnership, firm or corporation)	al Violence
III. Name of Client New Hampshire Coalition Against Domestic & Sexual Violence	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$
c) Total of all fees received to date (Add lines a and b)	c) \$
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for exampl lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid epenses; (b) the aggregate total of all e: meals purchased during a business is than \$10 that is given to the person d with a value of \$25.00 or less); and rting period of greater than \$25.00 for he of greater than \$25, purchase of a r than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$2734.89
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period	d) \$	2734.89
(Add lines a, b and c)		
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	0.00
f) Total of all expenses year to date	f) \$	2734.89
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees d	uring this reporting
Paid to:	Amount:	
	\$	
	\$	<u> </u>
	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the for	egoing information
is true and complete to the best of my knowledge and belief.		
(Signature of lobbyist)	4/8	19
(Signature of lobbyist)	(Da	ale)
Amanda Grady Sexton		
(Print Name of lobbyist)		